



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Ben Laker

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Medicare Provider Number: 15-0162

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$1487583690	Contractual Allowance	\$2522173964
Outpatient Patient Service Revenue	\$2073491634	Other Deductions	\$69944341
Total Gross Patient Service Revenue	\$3561075324	Total Deductions	\$2592118305

3. Total Operating Revenue	
Net Patient Service Revenue	\$968957019
Other Operating Revenue	\$79625695
Total Operating Revenue	\$1048582714

4. Operating Expenses	
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Salaries and Wages	\$314965069	Employee Benefits	\$73588508
Depreciation and Amortization	\$43450857	Interest Expense	\$15290223
Bad Debt	\$13074934	Other Expenses	\$432783675
Total Operating Expenses	\$893153266		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$155429448	Total Assets	\$901013665
Net Non-operating Gains over Loss	\$6829634	Total Liabilities	\$-96665394
Total Net Gains	\$162259082		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1755264922	\$1467346933	\$287917989
Medicaid	\$699362855	\$442424636	\$256938219
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1106447548	\$682346736	\$424100812
Total	\$3561075325	\$2592118305	\$968957020

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$1874590	\$1874590	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2779176	\$5509149	\$-2729973
Hospital Patients	\$0	\$0	\$0
Community Education	\$158601	\$3995812	\$-3837211

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$37036560	
HCI Payments	\$0		
Subtotal	\$0	\$37036560	\$-37036560
Medicaid Shortfalls	\$125567904	\$182646026	
Subtotal	\$125567904	\$219682586	\$-94114682
DSH Payments	\$0		

	Subtotal	\$125567904	\$219682586	\$-94114682
Medicare Shortfalls		\$296561545	\$444337487	
Other Government Programs		\$0	\$0	
	Total	\$422129449	\$664020073	\$-241890624

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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